

PSJ3

Exhibit 690

Veterans and Pain Care

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Learning Objectives

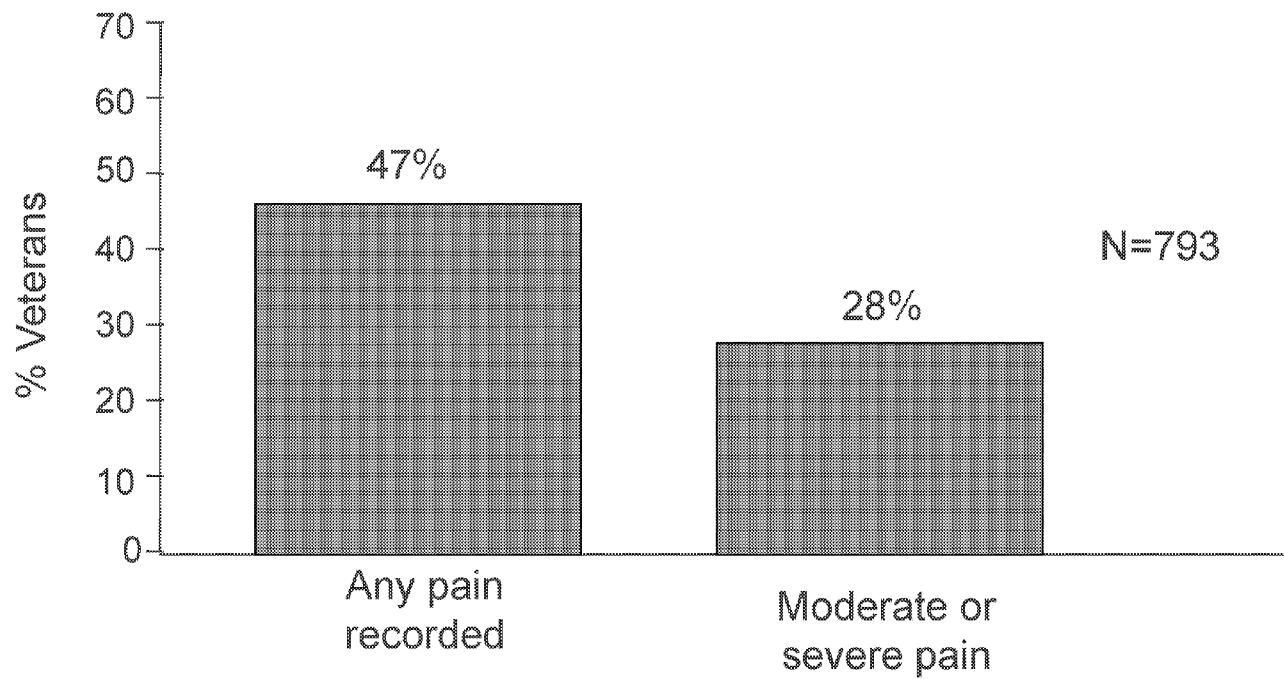
- Recall at least two characteristics of the veteran population that may affect pain care or choice of therapy
- Identify primary care and specialty medical resources regarding pain care for veterans
- Understand how to apply Veterans Affairs (VA) guidelines regarding appropriate timing and need for pain consults and referrals

Veterans Have Significant Issues With Chronic Pain

- Reported by >50% of male Veterans Affairs (VA) patients in primary care
- Most frequent presenting complaint of returning Operation Iraqi Freedom (OIF)/Operation Enduring Freedom (OEF) veterans
- May prove even more prevalent and disabling in present generation of veterans
- Present in >90% of veterans with polytrauma
- Often occurs with cognitive impairment and mental health morbidity after combat trauma

Department of Veterans Affairs, Department of Defense. http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp.
Published May 2010. Accessed October 7, 2010.

Veterans of Recent Wars Have a High Prevalence of Pain



Gironda RJ et al. *Pain Med.* 2006;7(4):339-343.

Combat Veterans May Have Distinct Pain Conditions and Comorbidities

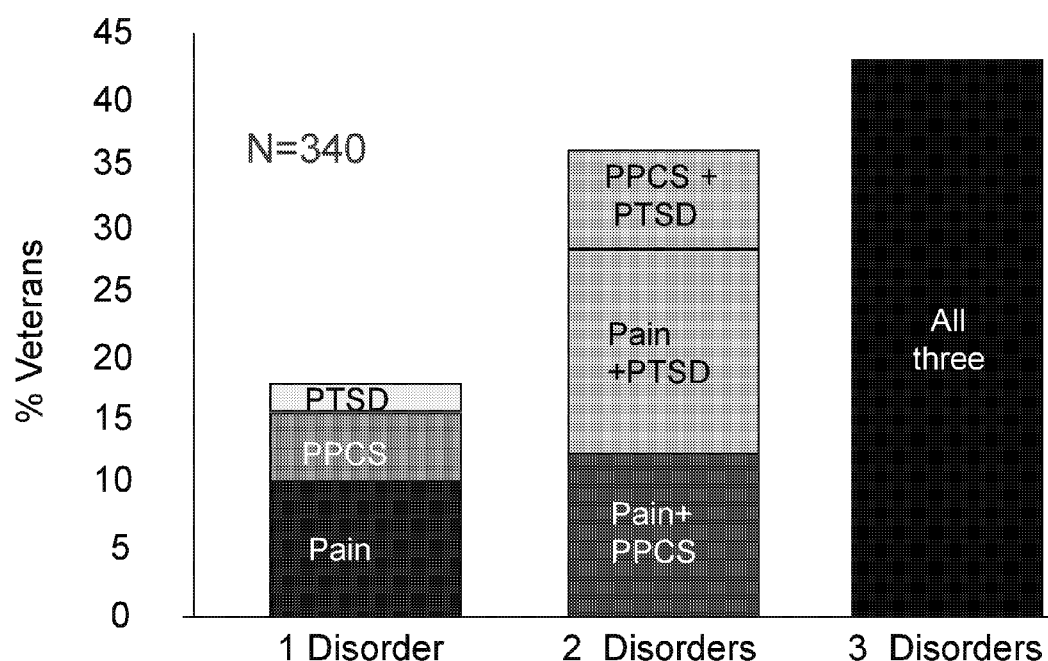
- Traumatic Brain Injury¹
 - Prevalent in 10% to 20% of OIF/OEF veterans
 - Linked to chronic pain syndromes, particularly headache
 - Even mild TBI is linked to changes in mental health, cognition, communication, social function, sensory processing, sleep
- Polytrauma²
 - Multisite and often multisystem injuries
 - Often multiple pain sites and types of pain
- Post-traumatic Stress Disorder³
 - Prevalent in 11% to 20% of OIF/OEF veterans
 - Linked to medical issues including chronic pain, depression, alcohol abuse

1. Nampiaparampil DE. *JAMA*. 2008;300(6):711–719.

2. Clark ME et al. *Pain Med*. 2009;10(3):447–455.

3. US Department of Veterans Affairs. <http://www.ptsd.va.gov>. Updated June 15, 2010. Accessed October 13, 2010.

Prevalence of Chronic Pain, PTSD, and PPCS (Polytrauma) in Combat Veterans



PPCS=Persistent Postconcussive Symptoms; PTSD=Post traumatic Stress Disorder

Lew HL et al. *Am J Phys Med Rehabil.* 2010;89:437-445.

Mental and Cultural Issues That May Affect Pain Care

- Cultural adjustments to civilian life
 - Changes in self and support network during service
 - Acceptance of wounds and needed modifications of lifestyle
 - Lack of civilian understanding, camaraderie, adrenaline rush, mission, structure
- Changing attitude toward pain (stop and treat pain vs. “push through” it)
- Tendency toward self medication
- Emotional wounds of war
 - Post traumatic stress disorder
 - Depression
 - Anxiety
 - Grief
 - Survivor guilt

McGinnis D et al. *Exit Wounds: a Survival Guide to Pain Management for Returning Veterans and Their Families*. Washington, DC: Waterford Life Sciences; 2009.

VHA Has National Pain Management Strategy Objectives to Guide Pain Care

- National scope¹
 - 23.4 million living US veterans
 - \$93 billion VA budget in 2009, \$40 billion for health care
- National objectives including the following:²
 - Timely and consistent assessment, treatment, outcomes monitoring
 - Inclusion of patients and family in pain care
 - Interdisciplinary, multi-modal approach
- Local resources¹
 - 153 medical centers, at least one per state
 - >1400 sites of care
- Facility locator: <http://www2.va.gov/directory/guide/home.asp?isflash=1>

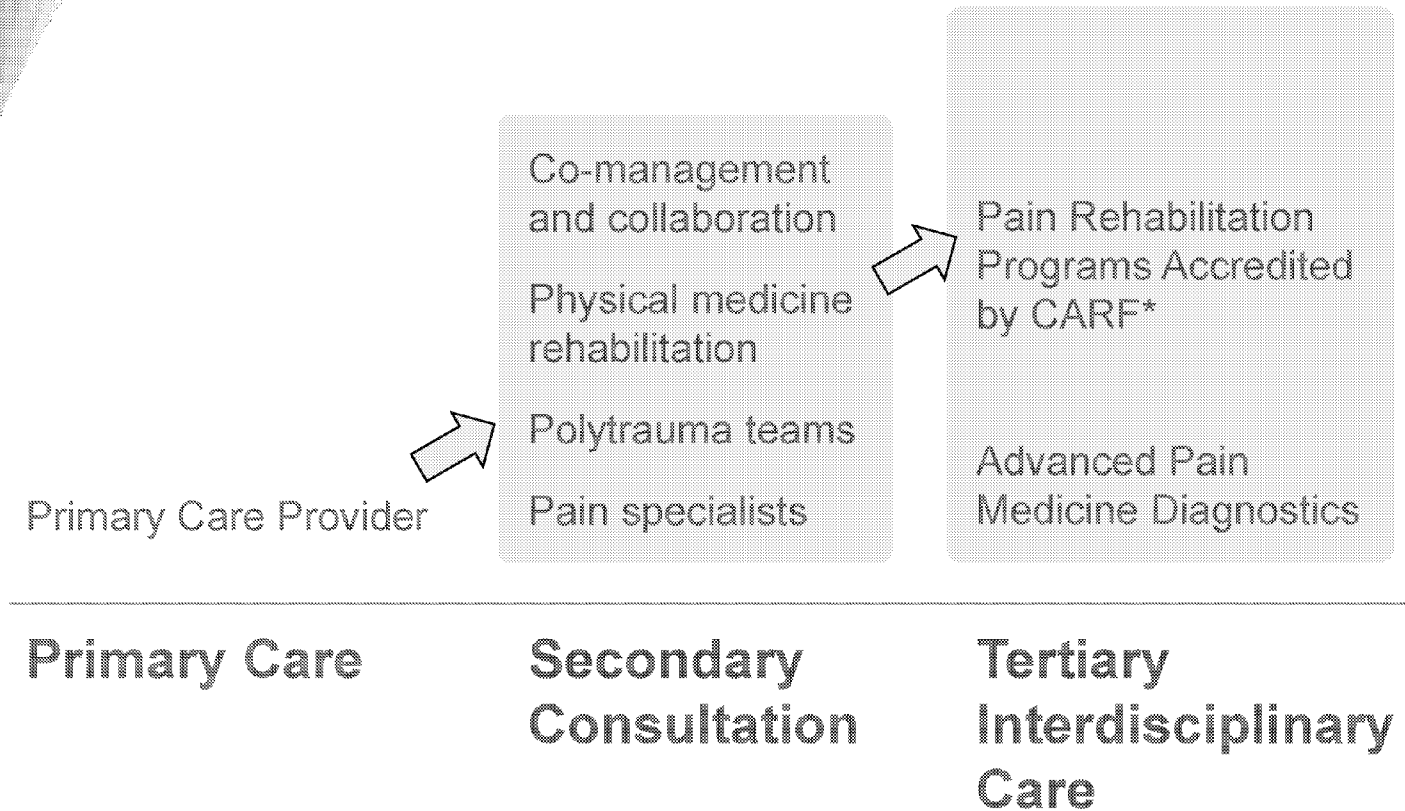
VHA = Veterans Health Administration

1. US Department of Veterans Affairs. www1.va.gov/opa/publications/factsheets.asp. Published January 2009. Accessed October 7, 2010.

2. Department of Veterans Affairs, Veterans Health Administration. VHA directive 2009-053.

<http://www1.va.gov/PAINMANAGEMENT/docs/VHA09PainDirective.pdf>. Published October 28, 2009. Accessed October 7, 2010.

VA Offers Medical Pain Care Resources in a “Stepped” System



*CARF=Commission on Accreditation of Rehabilitation Facilities

US Department of Veterans Affairs, Veterans Health Administration. VHA directive 2009-053.

<http://www1.va.gov/PAINMANAGEMENT/docs/VHA09PainDirective.pdf>. Published October 28, 2009. Accessed October 7, 2010.

VA/DoD Clinical Practice Guideline: Assessment in the Pain Patient

Comprehensive Assessment¹

Pain history and results of previous treatments
Impact of pain on family, work, life
Review of previous diagnostic studies
Additional consultations and referrals
Coexisting illnesses and treatments and effect on pain
Significant psychological, social or behavioral factors that may affect treatment
Family history of chronic pain
Collateral or family involvement

Symptom Attributes¹

Duration of symptoms
Onset and triggers
Location/radiation
Co-morbidity
Previous episodes
Intensity and impact
Previous treatment and medications
Patient perception of symptom

Pain assessment should be conducted regularly and consistently considering pain as the "5th Vital Sign"²

VA=Veterans Administration; DoD=Department of Defense

1. US Department of Veterans Affairs, Department of Defense. http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp. Published May 2010. Accessed October 7, 2010.

2. US Department of Veterans Affairs, Veterans Health Administration. VHA directive 2009-053. <http://www1.va.gov/PAINMANAGEMENT/docs/VHA09PainDirective.pdf>. Published October 28, 2009. Accessed October 7, 2010.

VA Recommendations for Specialist Referral/Consult

- Advanced pain provider/interdisciplinary pain clinic or program under these conditions:
 - Complex pain conditions or polytrauma
 - Significant medical comorbidities
 - Management requirements beyond the comfort of PCP
- Substance use disorder specialist
 - Refer if behavior suggests addiction
 - Consult if risk or recurrent abuse
- Behavioral health specialty for these conditions:
 - Psychosocial problems or comorbidities
 - Psychiatric disorders/emotional instability
 - Suicide risk
- Neurologist for significant headache
- Occupational health specialist as appropriate

Department of Veterans Affairs, Department of Defense. http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp.
Published May 2010. Accessed October 7, 2010.

Veterans Benefits

That May Assist in Pain Care

- Medical care
- Caregiver financial support
- Home and care adaptation
- Community-based counseling
 - Assistance with medical referrals
 - Specialized counseling on topics such as readjustment, marriage and family counseling, grief, employment, and alcohol/drug abuse counseling
- Vocational rehabilitation

McGinnis D et al. *Exit Wounds: a Survival Guide to Pain Management for Returning Veterans and Their Families*. Washington, DC: Waterford Life Sciences; 2009.

Case Study: JS

- JS, a 25-yo male Army veteran, was stationed in Iraq
- Presents with chronic back pain and headaches
- Reports difficulty sleeping at night, fatigue and lethargy during the day
- Since his return, JS has been “let go” from two civilian jobs due to absenteeism
- Spouse complains that JS is irritable and moody
- He has no visible injuries from combat



Veterans and Pain Care: Summary

- Veterans have a high prevalence of pain and a high prevalence of pain comorbidities¹
- Veterans may have distinct conditions including TBI, polytrauma, and PTSD, that affect pain care¹
- Veterans Affairs provides comprehensive pain services and information about pain management²
- Veterans may be referred to VA facilities for comprehensive service at any time²
- Veterans presenting at community sites may require appropriate referrals for comprehensive care¹

1. Department of Veterans Affairs, Department of Defense. http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp. Published May 2010. Accessed October 7, 2010.

2. US Department of Veterans Affairs, Veterans Health Administration. VHA directive 2009-053.

<http://www1.va.gov/PAINMANAGEMENT/docs/VHA09PainDirective.pdf>. Published October 28, 2009. Accessed October 7, 2010.

Key Resources for Veterans and Their Clinicians

- Key VA publications on pain:
 - http://www.healthquality.va.gov/Chronic_Opioid_Therapy_COT.asp
 - <http://www1.va.gov/PAINMANAGEMENT/docs/VHA09PainDirective.pdf>
- Key web sites for VA information and benefits:
 - <http://www.va.gov/> or <http://www.va.gov/PAINMANAGEMENT>
 - <http://www.healthquality.va.gov>
 - <http://www.vba.va.gov/VBA>
- VA phone numbers:
 - Benefits: 1-800-827-1000
 - Health Care: 1-877-222-VETS (8387)
- Selected advocacy sites:
 - <http://remind.org>
 - <http://www.amputee-coalition.org/>
 - <http://www.painfoundation.org/learn/programs/military-veterans/>
- Patient education memoir:
 - McGinnis D et al. *Exit Wounds: a Survival Guide to Pain Management for Returning Veterans and Their Families*. Washington, DC: Waterford Life Sciences; 2009